POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	1/60	7633!	11	
O.I.P.E. CLASSIFIER	Ű.	12/	10/17	
FORMALITY REVIEW	A.M	JC 530	11-12-00	
RESPONSE FORMALITY REVIEW				

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

!	÷	nestricted	0	Objected	•
Claim	Date	Claim	Date	Claim	Date
Final Coriginal		Final		Final Original	
1 100/11/1		51		101	
3 /	<del></del>	52		102	
		54		103	
(\$) V		55		105	<del></del>
a V		56		106	<del></del>
777		57		107	<del>                                     </del>
		58		108	
(DV)		59		109	
10 0	<del></del>	60		110	
12/2//	<del>                                     </del>	62		111	<del>:                                     </del>
12 V,	<del>+- - - - - - - - - - - - - - - - - - - </del>	63		113	<del>-            -  -</del>
116 7 1		64	<del>                                      </del>	114	<del>                                     </del>
(15)		65		115	
16		66		116	
17 V	1-1-1-1	67		117	
19 1	<del>                                     </del>	68		118	
20 🗸		70	<del>                                     </del>	119	<del>                                     </del>
2) /		71	<del>                                     </del>	120	<del></del>
22 1		72	+++++	122	<del> - - - - -</del>
23 1	<del>                                     </del>	73	<del>                                      </del>	123	<del> - - - -</del>
(23) V		74		124	
25		75		125	
26		76		126	
27		77	+	127	
29	+++	78	<del></del>	128	<del>                                     </del>
30	<del></del>	80	<del>                                     </del>	130	<del>                                     </del>
31		81	<del>                                     </del>	131	<del>                                     </del>
32		82		132	
33		83		133	
34		84		134	<del>                                     </del>
35	++	85	++++	135 136	<del>                                     </del>
37		87		137	<del>- - - -</del>
38	<del>                                     </del>	88	<del>                                      </del>	138	- <del> - - - - - -</del>
39	<del>                                     </del>	89	<del>                                     </del>	139	<del>                                      </del>
40		90		140	
41		91		141	
42		92		142	
43	1 1 1 1 1 1	93			<del>                                     </del>
44 Ç 45		94		144	<del>                                     </del>
46	+	95	+++++	146	<del></del>
47	<del></del>	97	++++	147	<del>┤┤┤┤</del> ┼
48		98	<del>                                     </del>	148	- <del>      </del>
49		99		149	
50		100		150	

If more than 150 claims or 10 actions staple additional sheet here